



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KENJI AIYAMA

Application No.: 09/203,513

Filed: December 1, 1998

For: IMAGE PROCESSING APPARATUS
AND SYSTEM, IMAGE FORMATION
APPARATUS, AND RECORDING
MEDIUM THEREFOR

) Examiner: A. Ghee

) Group Art Unit: 2622

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Technology Center 2600

) September 13, 2002

Commissioner for Patents
Washington, D.C. 20231

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicant petitions to extend the time for response to the Office Action dated March 13, 2002 to and including September 13, 2002. A check in the amount of \$920.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on

September 13, 2002

(Date of Deposit)

Joseph W. Ragusa (Reg. No. 38,586)

(Name of Attorney for Applicant)

September 13, 2002

Signature

Date of Signature

In re Application of:

KENJI AIYAMA

Application No.: 09/203,513

Filed: December 1, 1998

For: IMAGE PROCESSING APPARATUS AND SYSTEM,
IMAGE FORMATION APPARATUS, AND
RECORDING MEDIUM THEREFOR

Docket No. 03560.002293

Examiner: A. Ghee

Group Art Unit: 2622

Date: September 13, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 26	MINUS	** 26	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

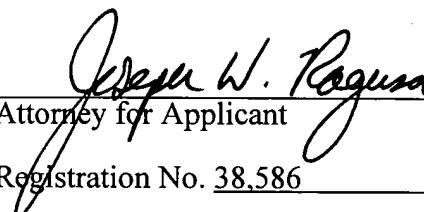
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ 920.00 to cover the fee for a three month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 38,586

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200